

PRINTED: 08/20/2010  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN7506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/19/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHSIDE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 EAST MTCS ROAD MURFREESBORO, TN 37130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 001	1200-8-6 Initial Comments  During the complaint investigation number 26219, 26290, conducted on August 19, 2010, at Northside Healthcare Center, no deficiencies were cited in relation to the complaint under chapter 1200-8-6, Standards for Nursing Homes.	N 001			
N 430	1200-8-6-.04(21) Administration  (21) All health care facilities licensed pursuant to T.C.A. §68-11-201, et. seq. shall post on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height the following in the main public entrance:  (a) a statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to post correct information regarding the ombudsman.  The findings included:  Observation and tour of the facility on August 17, 2010, revealed the ombudsman information posted with the incorrect information of the name of ombudsman.  Interview with the ombudsman per telephone on August 18, 2010, at 10:10 a.m., revealed the	N 430	N 430  <u>Description</u>  1200-8-6.04(21) Administration  The facility failed to have the correct Ombudsman information posted.  <u>Corrective Action</u>  1. The ombudsman poster was replaced with the correct one on 8/19/10. 2. Office staff were in-serviced on 8/19/10 by the Administrator regarding having the correct ombudsman information displayed. 3. The administrator, social and activities will monitor for compliance during daily walking rounds and will report finding to the QA Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Medical Records, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.	8/19/10	

Division of Health Care Facilities

*Camandra K. Callahan*TITLE *Administrator*

(X6) DATE

*9-3-10*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6892

CZR611

If continuation sheet 1 of 2

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N 430	Continued From page 1  current ombudsman had sent to the facility the new and correct information in June, 2009.  Interview with the Director of Nursing on August 18, 2010, at 2:55 p.m., in the hallway, confirmed the correct information regarding the ombudsman was not posted until August 18, 2010.  Interview on August 18, 2010, with a group of eleven resident revealed the residents were aware of the change and knew about the new ombudsman.	N 430			